

your doc don't agree with the decisions made by the health insurance company, that you ought to be able to appeal to a panel of doctors. And if the panel of doctors rule in your favor, the insurance company is obligated to move forward. If not, it becomes a cause of action in a court of law.

I just had the opportunity of meeting with Helen Barnes, a nurse-practitioner from Bucks County, Pennsylvania. Thank you for being here, Helen. She was in an automobile accident, and ever since, she's suffered severe muscular problems in her back and her neck. So she and her doc thought that she ought to have a mammoplasty to ease her pain. Her HMO denied her request for surgery. She then appealed the decision to an external medical review process. They ruled in her favor. She took her case to an objective review process, a review panel, and they said she and her doc were right. And so she's going to receive the surgery she needs this January. I said, "Why not sooner?" She said, because she can't find time to get off work sooner. [*Laughter*]

But nevertheless, the process works. And it's so important that we have a tight external review process, one that addresses patients' needs, not the needs of people who want to sue everybody; one that's focused on the patients of America so that they can take their claims to a panel of experts—medical experts and have their problems addressed as quickly and as soon as possible.

The issue we ought to be discussing is quality of care for patients. That's the

whole focus of medicine. And that ought to be the focus of any legislation that comes out of the United States Congress. And the Fletcher bill that is now being debated on the House floor represents the kind of legislation that my administration can support, that thousands of doctors across America support, and I believe most Americans will support when they hear the facts and the differences between the two pieces of legislation that are now being debated on the House floor.

I want to thank our doctor friends for being here. I want to thank you for your service to your respective communities. The docs in America really are a part of—medical professionals are a part of really what makes this country great. We've got the best health care in the world—by far, the best health care in the world—and we've got to make sure that any legislation, any laws passed out of Washington, enhances the health care for America and doesn't hurt it. And I believe the Fletcher bill will help and enhance the great medical care that we have in our country.

Thank you all for coming. Thank you for the endorsement of a good piece of legislation. And may God bless your work, and God bless America.

Thank you.

NOTE: The President spoke at 1:50 p.m. in Presidential Hall in the Dwight D. Eisenhower Executive Office Building. In his remarks, he referred to Priscilla Perry, M.D., representative, American Society of Cataract and Refractive Surgery.

Statement on House Ways and Means Committee Action on Faith-Based and Community Initiatives Legislation July 11, 2001

I commend the House Ways and Means Committee for passing legislation today that

includes key elements of my Faith-Based and Community Initiatives. This clears the

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way for consideration by the full House of Representatives. This legislation will stimulate more charitable giving and support faith-based and community organizations in their efforts to help those in need.

I will continue to work on a bipartisan basis with Members of the House and the Senate to implement my Faith-Based and Community Initiatives.

Remarks on Medicare Reform *July 12, 2001*

Thank you all very much. Today I'm here to talk about our most important commitment to our seniors, the health of our seniors and how we can modernize and strengthen Medicare. I'm also here to announce an exciting new plan to provide every senior on Medicare an opportunity to better afford prescription drugs by the beginning of next year.

I want to thank the members of both political parties—of all three political parties—[laughter]—who are here today. It shows us firm commitment to make sure our Nation fulfills a solemn pledge to our seniors and that is that our seniors have the best possible health care available for them. So thank you all for coming. We've got many Members of the House and the Senate, most notably Senators Breaux and Thomas—I mean, Senators Breaux and Frist and Congressman Thomas, all three Members who worked hard on Medicare reform in the past and who are joining with the administration to promote Medicare reform this year.

Thirty-six years ago this month—and thank you, as well, Mr. Secretary, for being here—36 years ago this month President Lyndon Johnson flew to Independence, Missouri, to sign Medicare into law and to present the first Medicare registration card to former President Harry Truman. President Johnson spoke that day about what Medicare would mean for our country, and here is what he said: “No longer would older Americans be denied the healing miracle of modern medicine. No longer

would illness crush and destroy the savings that they have so carefully put away over a lifetime, so that they may enjoy dignity in their later years.” He went on to say that “no longer will young families see their own incomes and their own hopes eaten away simply because they are carrying out their deep moral obligations to their parents and to their uncles and to their aunts.”

Medicare has lived up to President Johnson's vision. It has improved the health of America's seniors, and it's eased the financial anxieties of retirement, reduced the burden on younger generations, and fulfilled our Nation's commitment.

Medicare is a binding commitment. The Medicare promise we made in 1965 will never change. And as medicine advances and the needs of our seniors change, Medicare, too, must advance, and it, too, must change. This generation of leaders must honor and renew the promise of Medicare by strengthening Medicare for the future.

In 1965 health care usually meant hospital care. Today, we understand how important it is to prevent people from getting sick in the first place. Yet, Medicare does not fully cover preventative medicine.

In 1965 prescription drugs meant antibiotics. Today, illnesses that could once only be treated by invasive surgery are treated instead with effective new drugs. But these new drugs can be very expensive, and under the current system, Medicare doesn't pay for them.

In 1965 medicine could offer people diagnosed with cancer and other dangerous